

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006352

FILED  
Aug 27, 2009  
Secretary of State

**Entity Name:** MURRAY DANCE BOOSTER ASSOCIATION INCORPORATED

**Current Principal Place of Business:**

150 N. HOLMES BLVD.  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

150 N. HOLMES BLVD.  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

**FEI Number:** 20-3703389      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DICKENS, CAROLE  
150 N. HOLMES BLVD.  
ST. AUGUSTINE, FL 32084      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: MULHALL, ANTONELLA  
Address: 312 GENTIAN RD.  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VD      ( ) Delete  
Name: ONIMUS, LIN  
Address: 688 OCEAN PALM WAY  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: TD      ( ) Delete  
Name: NOLAN, ROBIN  
Address: 3605 CRAZY HORSE TRAIL  
City-St-Zip: ST. AUGUSTINE, FL 32086

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: HOWE, DARCEY G  
Address: 748 DEWBERRY DR.  
City-St-Zip: ST. JOHNS, FL 32259 43

Title: VD      (X) Change ( ) Addition  
Name: O'DONNELLY, KATHE S  
Address: 5765 RUDOLPH AVE  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: TD      (X) Change ( ) Addition  
Name: MCLEMORE, STACY  
Address: 1 N. TRIDENT PL.  
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACY MCLEMORE

TD

08/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date